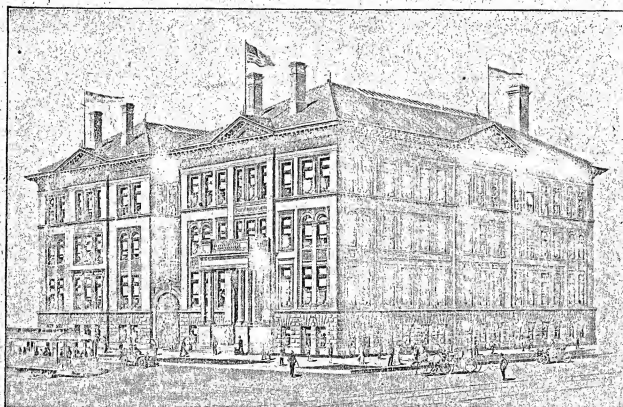


571
101-1
23
14006

165
215
23

PASS REPORT BOOK



HEAD OFFICE BUILDING AND ANNEX
ROCK ISLAND, ILLINOIS

Modern Woodmen of America

Camp No. 8150

Brown Grove

State of Indiana

From January 1906 to January 1907

PRINTED BY THE MODERN WOODMEN OF AMERICA, CHICAGO, ILL.

215
23

Instructions to Camp Clerks.

This Pass Report book and the forms contained therein have been devised to assist Camp Clerks in the preservation of copies of all Pass and Semi-annual reports mailed from time to time to the Head Clerk. Blank forms of Pass and Semi-annual reports are invariably mailed from the office of the Head Clerk in time to reach the Camp Clerk by the first day of the month in which remittance under Call accompanying same is required to be made.

Clerks should formulate reports on the blank forms supplied, in accordance with the printed directions thereon, and then carefully transcribe such completed report into this Pass Report book. This is necessary for the preservation of permanent Camp records, and Clerks will find it also a valuable aid in formulating subsequent reports.

LEVY OF ASSESSMENTS.

Benefit assessments are levied by the Society's Board of Directors as frequently as, in the judgment of the Board, moneys are required for the discharge of the Society's mortuary liabilities.

The Levy is upon and is addressed to the members of the Society, through publication in *The Modern Woodmen*. Obedient to the Levy, each Beneficial member, within the month for which Levy is made, is required to pay to his Camp Clerk the assessment levied. If a member defaults in his payment on or before the last day of the month of Levy, he stands suspended under the law.

THE CALL.

Call for an assessment is issued by the Head Clerk on the first day of the month following the date of the Levy thereof. This Call is always addressed to the Camp Clerk. The Call is, so to speak, a sight draft upon the Clerk for all moneys collected from the members of his Camp under the Levy made by the Board of Directors upon the membership on the first day of the previous month. Clerks are, of course, required to remit arrearages for members who, previously suspended, may have reinstated. Hence, every dollar due under a Call is in the hands of the Clerk and Banker of the Camp on the day Call is dated, and no valid reason can be advanced for delay in responding thereto.

PASS REPORT BLANKS.

Blank forms on which to make report to accompany remittance under Call are enclosed to all Clerks of Camp with copy of official Call. Such reports must be correctly formulated, and invariably must accompany remittances made to the Head Clerk. Remittances forwarded to the Head Clerk without report on blank form furnished by the Head Clerk will be returned to the Camp Clerk. Remittances cannot be received without report, because the Head Clerk has no way of knowing the individual members entitled to credit for the amount remitted.

FORM OF REMITTANCE.

All remittances are required under the By-laws to be made by Bank Draft, Postal Money order, or Express Money order, drawn payable to "Head Banker, M. W. of A., Rock Island, Ill." To maintain the good standing of the Camp, report with remittance in form stated must reach the Head Clerk on or before the 18th day of the month of Call. (See Section 252, 1905 By-laws.)

ORIGINAL LIABILITY.

Sections 36 and 37 of the By-laws (revision of 1905) establish the first liability of new members as for the assessment current at the date of adoption, either in an established Camp or as a charter member of a new Camp.

Camp Clerks are required to collect from newly adopted Beneficial members one assessment on the date of adoption, and remit same to the Head Clerk with the Pass report for that month. The name of the newly adopted member, the date adopted, and certificate delivered, and his assessment rate, should be reported on page 2 of the Pass report.

ADOPTION WHILE IN GOOD HEALTH.

Adoption of applicant for membership must be made while the applicant is in good health, and within sixty days from the date of the certificate issued by the Head Clerk. If from any cause the applicant is not adopted within sixty days, the Benefit certificate becomes null and void, and must be returned to the Head Clerk with notation thereon, "Not adopted."

PER CAPITA.

Social, as well as Beneficial, members are liable for Per Capita, which is an annual liability fixed by the By-laws of the Society. It is payable semi-annually in advance from the General fund of the Camp, upon Call from the Head Clerk, during the months of January and July of each year. When a Camp is organized, General fund dues should be fixed in an amount sufficient to meet the incidental expenses of the Camp, including the Clerk's compensation of not less than 60 cents per member per year, Beneficial and Social, in good standing (see Section 289, By-laws of 1905), and also including the Per Capita tax of \$1.00 per member per year. To maintain their good standing at all times, the Neighbors, Beneficial and Social, must be prompt in the payment of their local Camp dues, which covers their liability to the Head Camp of \$1.00 Per Capita annually. Call for Per Capita is addressed by the Head Clerk to all Camp Clerks on the first days of January and July of each year. Remittance, in response to this Call, is required to be made to the Head Clerk on or before the 18th day of the month Call is dated, and failure to make remittance within the limit of time provided by law will cause the suspension of the Camp and all its members.

A member adopted during the semi-annual term is not included in the liability for Per Capita until the next following term, but at adoption he is required to pay to the Camp Clerk *pro rata* Camp Gen-

eral fund dues. The custom is to charge newly adopted members *pro rata* dues for the entire month in which adoption occurred and for the months of the quarter remaining thereafter; *provided*, such adoption takes place on or before the 15th day of the month. If after the 15th no dues are assessed for the month in which adopted, but *pro rata* charges are then computed from the first day of the month following to the end of the quarter.

PROHIBITED OCCUPATION.

See Sections 10, 11, 12, 13, 14, and 290.

No person while engaged in the manufacture or sale of liquor, to be used as a beverage, is eligible to membership in the Society. A member engaging in the manufacture or sale of liquor to be used as a beverage, unless within the exceptions contained in the *proviso* in Section 2 of the 1905 By-laws, renders his Benefit certificate absolutely null and void the moment he engages in this prohibited business. (See Chapter 3 of the 1905 By-laws.) The Camp Clerk must promptly refuse dues and assessments from a member engaging in the liquor traffic (see Section 290), and if he violates Section 290 he may be removed from office and may be expelled from the Society. (See Section 296.) When a member engages in the liquor business, his name should be entered on page 6, under Item 2, of the next following Pass report forwarded to the Head Clerk. If a member makes objection to the action of the Clerk in refusing his dues and assessments, the Camp Clerk should report the objection, by mail, to the Head Clerk, with request for instructions.

HAZARDOUS OCCUPATION.

No person while engaged in an occupation mentioned in Section 15 of the 1905 By-laws can obtain Beneficial membership in the Society. A person engaged in one of the occupations mentioned in Section 16 may join as a Beneficial member, but shall be required to pay on each assessment levied upon the Beneficial membership of the Society \$1.00 per \$1,000 of the amount stated in the application, in addition to the regular rate of assessment, as per table of rates contained in Section 38, except metal miners (who are required to pay 65 cents per \$1,000 in addition to regular rate).

When a member engages in a hazardous occupation, meaning thereby any occupation mentioned in Chapter 4 of the 1905 revision, the Camp Clerk should report to the Head Clerk the Neighbor's name with full particulars concerning the occupation in which the Neighbor has engaged, so that the Head Clerk may give such instructions as may be deemed necessary.

REINSTATEMENT.

A member in good health, and not engaged in any of the prohibited occupations enumerated in Section 15 (revised By-laws, 1905) may reinstate by paying to his Camp Clerk arrearages of every kind, provided he has not been in suspension for a period exceeding sixty days.

If a member has been suspended more than sixty days and less than six months, he will be required to furnish a certificate of good health from the Camp Physician, on form supplied by the Head Clerk, which certificate must be submitted to and receive the approval of the Head Physician. (See Section 57.)

If a member is suspended for more than six months, he loses all rights as a member of the Society, and must come in as a new member, if at all. (See Section 58.)

A member over 45 years of age and in suspension for more than six months cannot again become a Beneficial member of the Society.

DISCIPLINE.

The latest revised By-laws (Sections 132-133) impose upon the Head Clerk the duty of removing from office *incompetent, negligent, or habitually dilatory Camp Clerks*, and appointing their successors. The provisions of these sections must be impartially enforced, but the Head Clerk entertains the hope that instances calling for the exercise of the authority conferred by these sections will be rare.

SUGGESTIONS TO CLERKS.

The Camp Clerk is urged to familiarize himself with the provisions of the Society's By-laws, especially those defining the duties of his office. The instructions given in Circular Letter 44 (dated January 1, 1906), issued by the Head Clerk and mailed to all Camp Clerks, are based upon the provisions of the By-laws, and should be consulted by Clerks as a guide in the performance of their official duties.

The summary of members paying by rates is provided for the purpose of proving the accuracy of all Pass reports formulated by the Clerk. Formulate by entering opposite each rate the total number of members actually paying such rate; then, on the right, enter the total amount paid by the members, not including arrearages. After thus listing the membership and extending amounts, if the work be correct, the footings thereof will agree with Item 15 of the Combined Membership and Financial statement.

In addressing the Head Office, Clerks should invariably give their Camp number and location in all letters. Also, they should be sure to fill in the first, or title, page of all Pass and Semi-annual reports mailed to the Head Clerk.

Clerks are earnestly requested, in the interests of the Camp, as well as of the members and the Society generally, to correctly formulate all reports. There is no statement called for by the Head Clerk in any report that is not essential to the interests of the Society, and absolutely necessary in maintaining accurately the system of accounting at the Head Office.

Fraternally,

D. M. Howard
Head Clerk, M. W. of A.

Blank page, 23

REPORT SOCIAL MEMBERSHIP ON PAGE 8. PASS REPORT. Assessment No. 214. Levied for March. Due Head Office on or before April 18 1906. Camp No. 875-0. State of. Please fill in Camp location and State. Net Membership this Report 24. Final Assessments this Report 24. Total Membership this Report 24. Arrears 1. Neighbors Reinstated 1. Benefit Short Last Report. Feb. Additions 5.0. Total Benefit Due 25.30. DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (SEC. 288). Camp Clerks will leave blank space below for Head Office. MEMORANDA FOR HEAD CLERK. D/t, M. O., Etc. \$..... Cr. slip, \$..... Benefits - Returned. Per Capita Credit Slip No. \$..... Supplies - Cash. Cert. Fees. Shortage Charged. Audited by Date. REPORT RECEIVED. REPORT RETURNED. REPORT RE-RECEIVED.

Admitted by Card from Other Camps - Sec. 81. Give Number of Former Camp. Item 1. NAME. From Camp No. Rate. First Liability. Date Admitted. Transferred from Social to Beneficial Membership - Secs. 77-78. Item 1. NAME. Rate. No. of B. C. Date of B. C. Withdrawn by Card - 81-83-84. State Number of Last Assessment Paid Your Camp. Item 1. NAME. No. of B. C. Rate. Last Paid. Date of Card.

Adoptions in. Liabilities No. Give Date Certificate Delivered to Member. Note CAREFULLY: Sec. 36. Every Beneficial member shall be liable for assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which last assessment became payable to the first of the month in which next assessment becomes payable. If a new Camp, enter names of members adopted on night of organization, all being liable - Sec. 37. NAME. No. of B. C. Rate. Date Cert. A. J. Patterson 1323753 5.0 227.00. H. B. Ramsey 1235782 11.0 36.00.

Deceased - Secs. 60-65. Item 1. NAME. Rate. Last Paid. Date of Death. Transferred from Beneficial to Social Membership - Sec. 72. Item 1. NAME. No. of B. C. Rate. Last Paid. Date Trans. Neighbors Expelled by Camp Trial - Chapter XLVII. Item 1. NAME. No. of B. C. Rate. Last Paid. Date Exp. Increase or Decrease in Rate - Account Hazardous Occupation - Secs. 16-18-19-20. Item 1. NAME. No. of B. C. Old Rate. New Rate. Date Cert. Increase or Decrease of Insurance - Secs. 42-45. Item 1. NAME. Amount. Rate. Date.

Enter Date Neighbor Paid Arreages. Neighbors Reinstated. Suspended Less Than Sixty (60) Days - Sec. 56. Item 1. NAME. Rate. No. of B. C. Date Paid. S. J. Patterson 45 831735 122.00. Neighbors Reinstated. Suspended More Than 60 Days, but Less Than Six Months - Sec. 57. Item 1. NAME. Old Rate. New Rate. Date Reinstatement. 1. 2. 3. 4. 5.

Candidates Rejected. Item 1. NAME. How Rejected. Date. Beneficial - Social Members. Report Only Those Applicants for Beneficial Membership who were Adopted as SOCIAL NEIGHBORS Pending Receipt of Beneficial Certificate - Sec. 30. NAME. Date. Beneficial Members Reinstated, for Whom Arreages of Per Capita is Remitted with This Report. NAMES. S. J. Patterson 5.00.

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53. Item 1. NAME (WRITE FULLY). Rate. No. of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Neighbors Whose Assessments and Dues Refused Under Provisions Chapter III. and Secs. 290-292. Item 1. NAME. Rate. No. of B. C. No. Assmt. Refused. 1. 2. 3.

RATE SUMMARY. Enter number of members (set) in good standing paying each rate opposite same, then amount paid by each group of rates. If currently completed the total number of members and amount paid will agree with Net Membership in good standing shown in Item 1, page 3. No. Mtrs. Rate. Amt. this Assessment. No. Mtrs. Rate. Amt. this Assessment. No. Mtrs. Rate. Amt. this Assessment. No. Mtrs. Rate. Amt. this Assessment. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 19

REPORT SOCIAL MEMBERSHIP ON PAGE 8. PASS REPORT. Assessment No. 218 Levied for August Due Head Office on or before Sept. 18 1906 Camp No. 8761 Prairie Grove State of Ind. Please fill in Camp location and State. Net Membership this Report 39 Final Assessments this Report 39 Total Membership this Report 39 Arrears Neighbors Reinstated Benefit Short Last Report - - - - - 33 Total Benefit Due - - - - - 33 DRAW ALL REMITTANCES PAYABLE TO "HEAD HANKER, M. W. OF A., ROCK ISLAND, ILL." (SEC. 286). Camp Clerks will leave blank space below for Head Office. MEMORANDA FOR HEAD CLERK. D't, M. O., Etc. \$ Cr. slip, \$ Benefit - Credit Slip \$ Per Capita No. \$ Supplies - Cash \$ Cert. Fees \$ Shortage Charged { Benefit, \$ Per Capita, \$ Audited by Date REPORT RECEIVED REPORT RETURNED REPORT RE-RECEIVED

Admitted by Card from Other Camps - Sec. 81. Give Number of Former Camp. Item 1. NAME. From Camp No. Rate. First Liability. Date Admitted. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Transferred from Social to Beneficial Membership - Secs. 77-78. Item 1. NAME. Rate. No. of B. C. Date of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. Withdrawn by Card - 81-83-84. State Number of Last Assessment Paid Your Camp. Item 1. NAME. No. of B. C. Rate. Last Paid. Date of Card. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Increase or Decrease of Insurance - Secs. 42-45. Item 1. NAME. Amount. Rate. Date. Old. New. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Adoptions in. Liable No. Give Date Certificate Delivered to Member. Note: CANCELLATION. Sec. 86. Every Beneficial member shall be liable for assessment current at date of delivery of his certificate. * * * Assessment current includes the time from the first day of the month in which his last assessment became payable to the first of the month in which next assessment becomes payable. If a new Camp, enter names of members adopted on night of organization, all being liable - Sec. 87. NAME. No. of B. C. Rate. Date Cert. Del. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27.

Deceased - Secs. 60-65. Item 1. NAME. Rate. Last Paid. Date Paid. Date of Death. 1. 2. 3. 4. 5. Transferred from Beneficial to Social Membership - Sec. 73. Item 1. NAME. No. of B. C. Rate. Last Paid. Date Trans. 1. 2. 3. 4. 5. Neighbors Expelled by Camp Trial - Chapter XLVII. Item 1. NAME. No. of B. C. Rate. Last Paid. Date Exp. 1. 2. 3. 4. 5. Increase or Decrease in Rate - Account Hazardous Occupation - Secs. 16-18-19-20. Item 1. NAME. No. of B. C. Old Rate. New Rate. Date Cert. 1. 2. 3. 4. 5. Beneficial Members Reinstated, for Whom Arrearages of Per Capita is Remitted with This Report. NAMES. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Enter Date Neighbor Paid Arrearages. Neighbors Reinstated. Suspended Less Than Sixty (60) Days - Sec. 56. Item 1. NAME. Rate. No. of B. C. Date Reinst. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. Neighbors Reinstated. Suspended More Than 60 Days, but Less Than Six Months - Sec. 57. Item 1. NAME. Old Rate. New Rate. Date Reinstatement. 1. 2. 3. 4. 5.

Candidates Rejected. Item 1. NAME. How Rejected. Date. 1. 2. 3. 4. Beneficial - Social Members. Report Only Those Applicants for Beneficial Membership who were Adopted as SOCIAL NEIGHBORS Pending Receipt of Beneficial Certificate - Sec. 90. NAME. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Beneficial Members Reinstated, for Whom Arrearages of Per Capita is Remitted with This Report. NAMES. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53. Item 1. NAME. (WRITE PLAINLY.) Rate. No. of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Neighbors Whose Assessments and Dues Refused. Item 1. NAME. Rate. No. of B. C. No. Assmt. Refused. 1. 2. 3.

RATE SUMMARY. Enter number of members (not in good standing) paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10. No. Rate Amt. this Assessment No. Rate Amt. this Assessment No. Rate Amt. this Assessment 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926.

REPORT SOCIAL MEMBERSHIP ON PAGE 8. PASS REPORT. Assessment No. 219. Levied for Sept. Due Head Office on or before Oct 18. 1906. Camp No. 5750. Home Grove State of Ind. Please fill in Camp location and State. MEMBERS. AMOUNT. Net Membership this Report 41. 35. 20. Final Assessments this Report 41. 35. 20. Total Membership this Report 41. 35. 20. Arrears. Neighbors Reinstated. Benefit Short Last Report. Total Benefit Due 35. 20. DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (SEC. 286). Camp Clerks will leave blank space below for Head Office. MEMORANDA FOR HEAD CLERK. D't, M. O., Etc. \$ Cr. slip, \$. Benefit - Credit Slip. Per Capita - No. Supplies - Cash. Cort. Fees. Shortage Charged. Audited by. Date. REPORT RECEIVED. REPORT RETURNED. REPORT RE-RECEIVED.

Adoptions in Sept. Liab. No. 219. Give Data Certificate Delivered to Member. NOTE CAREFULLY: Sec. 56. Every Beneficial member shall be liable for assessment current at date of delivery of his certificate. If assessment current includes the time from the first day of the month in which last assessment became payable to the first of the month in which next assessment becomes payable. If a new Camp, enter names of members adopted on night of organization, all being liable--Sec. 57. NAME. No. of B. C. Rate. Date Cert. Del. 1. Andy Clarence 1300259 75 7/18/06 2. Arthur Roy L. 1301306 55 7/18/06 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34.

Enter Date Neighbor Paid Arrearages. Neighbors Reinstated. Suspended Less Than Sixty (60) Days--Sec. 58. NAME. Rate. No. of B. C. Date Reinst. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. Neighbors Reinstated. Suspended More Than 60 Days, but Less Than Six Months--Sec. 57. NAME. Old Rate. New Rate. Date Reinstatement. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34.

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53. NAME. Rate. No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE PRINT). STREET AND NUMBER (IF FREE DELIVERY). 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Neighbors Whose Assessments and Dues Refused Under Provisions Chapter III and Secs. 290-292. NAME. Rate. No. of B. C. No. Assmt. Refused. Why Suspended? Was Assmt. Tendered? If so, When? Date Engaged in Liqueur Traffic. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32.

THIS PAGE FOR SOCIAL MEMBERSHIP ONLY. Applicants Adopted as Social Members Since Last Report Entitled to Social Certificate--Secs. 69-71. NAME. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Admitted by Transfer Card (Social). NAME. Trans. Card No. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Withdrawn by Card (Social). NAME. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Deceased (Social). NAME. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Expelled (Social). NAME. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Social Members Reinstated. Per Capita Arrears Herewith. NAME. Amt. Paid. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32.

Admitted by Card from Other Camps--Sec. 81. Give Number of Former Camp. NAME. From Camp No. Rate. First Liability. Date Admitted. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Transferred from Beneficial to Social Membership--Sec. 72. NAME. No. of B. C. Rate. Last Paid. Date Trans. 1. 2. 3. 4. 5. Transferred from Social to Beneficial Membership--Secs. 77-78. NAME. Rate. No. of B. C. Date of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Withdrawn by Card--81-83-84. State Number of Last Assessment Paid Your Camp. NAME. No. of B. C. Rate. Last Paid. Date of Card. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Increase or Decrease of Insurance--Secs. 42-45. NAME. AMOUNT. Rate. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Deceased--Secs. 60-65. NAME. Rate. Last Paid. Date of Death. 1. 2. 3. 4. 5. Transferred from Beneficial to Social Membership--Sec. 72. NAME. No. of B. C. Rate. Last Paid. Date Trans. 1. 2. 3. 4. 5. Transferred from Social to Beneficial Membership--Secs. 77-78. NAME. Rate. No. of B. C. Date of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Withdrawn by Card--81-83-84. State Number of Last Assessment Paid Your Camp. NAME. No. of B. C. Rate. Last Paid. Date of Card. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Increase or Decrease of Insurance--Secs. 42-45. NAME. AMOUNT. Rate. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Candidates Rejected. NAME. How Rejected. Date. 1. 2. 3. 4. Beneficial--Social Members. Report Only Those Applicants for Beneficial Membership who were Adopted as SOCIAL NEIGHBORS Pending Receipt of Beneficial Certificate--Sec. 30. NAME. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. Beneficial Members Reinstated, for Whom Arrearages of Per Capita is Remitted with This Report. NAMES. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

RATE SUMMARY. Enter number of members (net) in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with Net Membership in good standing shown in Item 15, page 15. No. Mbrs. Rate. Amt. this Assessment. No. Mbrs. Rate. Amt. this Assessment. No. Mbrs. Rate. Amt. this Assessment. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705.

PASS REPORT.

Assessment No. 222Levied for JanuaryDue Head Office on or before July 15 1907Camp No. 4750Boone Grove, State of Ind.

Please fill in Camp location and State.

	MEMBERS.	AMOUNT.
Net Membership this Report	44	\$ 36.25
Final Assessments this Report	1	1.00
Total Membership this Report	45	37.25
Arrears..... Neighbors Reinstated		
Benefit Short Last Report - - - -		
Total Benefit Due - - - - -	37	25

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (SEC. 286.)

Camp Clerks will leave blank space below for Head Office.

MEMORANDA FOR HEAD CLERK.

D't, M. O., Etc. \$..... Cr. slip, \$.....

Benefit -	Returned
Per Capita -	Credit Slip
Supplies -	No.
Cert. Fees -	Cash..... \$.....

Shortage Charged { Benefit, \$.....
Per Capita, \$.....

Audited by..... Date.....

REPORT RECEIVED. REPORT RETURNED. REPORT RE-RECEIVED.

Adoptions in. Liable No.

Give Date Certificate Delivered to Member.

NOTE CAREFULLY: Sec 36. Every Beneficial member shall be liable for assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which last assessment became payable to the first of the month in which next assessment becomes payable.

If a new Camp, enter names of members adopted on night of organization, all being liable—Sec 37.

NAME.	No. of B. C.	Rate.	Date Cert Del.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

Enter Date Neighbor Paid Arrearages.

Neighbors Reinstated.

Item 1.	NAME.	Rate.	No. of B. C.	Date Reinst.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				

Neighbors Reinstated.

Suspended More Than 60 Days, but Less Than Six Months—Sec. 57.

Item 2.	NAME.	Old Rate.	New Rate.	Date Reinstatement.
1				
2				
3				
4				
5				

Report Only Those Neighbors Who are Suspended for

Item 1.	NAME (WRITE PLAINLY.)	Rate.	No. of B. C.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			

Neighbors Whose Assessments and Dues Refused

Item 2.	NAME.	Rate.	No. of B. C.	No. Assmt. Refused.
1				
2				
3				
4				
5				

the Non-Payment of Assessment No. Sec. 53.

LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY.)	STREET AND NUMBER (IF FREE DELIVERY.)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

Under Provisions Chapter III. and Secs. 290-292.

Why Suspended?	Was Absent (Indicate)?	If so, When?	Date Engaging in Liquor Traffic.
1			
2			
3			
4			
5			
6			
7			

THIS PAGE FOR SOCIAL MEMBERSHIP ONLY.

Applicants Adopted as Social Members Since Last Report Entitled to Social Certificate—Secs. 69-71.			
Item 1.	NAME.	Date.	
1			
2			
3			
4			
5			
6			
Admitted by Transfer Card (Social).			
Item 2.	NAME.	From Camp No.	Date.
1			
2			
3			
4			
Withdrawn by Card (Social).			
Item 3.	NAME.	Date.	
1			
2			
3			
4			
Deceased (Social).			
Item 4.	NAME.	Date.	
1			
2			
3			
4			
Expelled (Social).			
Item 5.	NAME.	Date.	
1			
2			
3			
4			
Social Members Reinstated. Per Capita Arrears Herewith.			
Item 6.	NAME.	Arre. Paid.	Date.
1			
2			
3			
4			
5			
6			
7			

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME.	From Camp No.	Rate.	Past Liability.	Date Admitted.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME.	Rate.	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME.	No. of B. C.	Rate.	Date of Paid.	Date of Card.
1	Sharrick L. E.	835482	1.00	222	1/16/07
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Deceased—Secs. 80-85.

Item 1.	NAME.	Rate.	Last Paid.	Date of Death.
1				
2				
3				
4				
5				

Transferred from Beneficial to Social Membership—Sec. 72.

Item 2.	NAME.	No. of B. C.	Rate.	Last Paid.	Date Trans.
1					
2					
3					
4					
5					

Neighbors Expelled by Camp Trial—Chapter XLVII.

Item 3.	NAME.	No. of B. C.	Rate.	Last Paid.	Date Exp.
1					
2					
3					
4					
5					

Increase or Decrease in Rate—Account Hazardous Occupation—Secs. 16-18-19-20.

Item 4.	NAME.	No. of B. C.	Old Rate.	New Rate.	Date Cert.
1					
2					
3					
4					
5					

Increase or Decrease of Insurance—Secs. 42-45.

Item 5.	NAME.	Amount.	Rate.	Date.
1				
2				
3				
4				
5				

Candidates Rejected.

Item 1.	NAME.	How Rejected.	Date.
1			
2			
3			
4			
5			

Beneficial—Social Members.

Report Only Those Applicants for Beneficial Membership who were Adopted as SOCIAL NEIGHBORS Pending Receipt of Beneficial Certificate—Sec. 30.

Item 1.	NAME.	Date.
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Beneficial Members Reinstated, for Whom Arrearages of Per Capita is Remitted with This Report.

Item 1.	NAME.	Rate.	No. of B. C.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

RATE SUMMARY.

Enter number of members (net) in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mem.	Rate.	Arrears.	No. Mem.	Rate.	Arrears.	No. Mem.	Rate.	Arrears.
1			1			1		
2			2			2		
3			3			3		
4			4			4		
5			5			5		
6			6			6		
7			7			7		
8			8			8		
9			9			9		
10			10			10		
11			11			11		
12			12			12		
13			13			13		
14			14			14		

REPORT SOCIAL MEMBERSHIP ON PAGE 8. PASS REPORT. Assessment No. 224. Levied for April 17. Due Head Office on or before May 18, 1907. Camp No. 8750. Boone Grove, State of Ind. Please fill in Camp location and State. Net Membership this Report 44. Final Assessments this Report. Total Membership this Report. Arrears. Neighbors Reinstated. Benefit Short Last Report. Total Benefit Due 35.35. DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (SEC. 886.) Camp Clerks will leave blank space below for Head Office. MEMORANDA FOR HEAD CLERK. Dft, M. O., Etc. \$ Cr. slip, \$.

Admitted by Card from Other Camps—Sec. 81. Give Number of Former Camp. Item 1. NAME. From Camp No. Rate. First Liability. Date Admitted. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Transferred from Social to Beneficial Membership—Secs. 77-78. Item 2. NAME. Rate. No. of B. C. Date of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. Withdrawn by Card—81-83-84. State Number of Last Assessment Paid Your Camp. Item 3. NAME. No. of B. C. Rate. Last Paid. Date of Card. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Adoptions in April 1907. Liab. No. 224. Give Date Certificate Delivered to Member. NOTE CAREFULLY: Sec. 86. Every Beneficial member shall be liable for assessment current at date of delivery of his Certificate. If assessment current includes the time from the first day of the month in which last assessment became payable to the first of the month in which next assessment becomes payable. If a new Camp, enter names of members adopted on night of organization, all being liable—Sec. 97. NAME. No. of B. C. Rate. Date (Certif.) 1. Middle J. W. 1385261 50 4/4/07 2. Ledingford Ross 1385375 50 4/4/07 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27.

Deceased—Secs. 60-65. Item 1. NAME. Rate. Last Paid. Date of Death. 1. 2. 3. 4. 5. Transferred from Beneficial to Social Membership—Sec. 72. Item 2. NAME. No. of B. C. Rate. Last Paid. Date Trans. 1. 2. 3. 4. 5. Neighbors Expelled by Camp Trial—Chapter XLVII. Item 3. NAME. No. of B. C. Rate. Last Paid. Date Exp. 1. 2. 3. 4. 5. Increase or Decrease in Rate—Account Hazardous Occupation—Secs. 16-18-19-20. Item 4. NAME. No. of B. C. Old Rate. New Rate. Date Cert. 1. 2. 3. 4. 5. Withdrawn by Card—81-83-84. State Number of Last Assessment Paid Your Camp. Item 5. NAME. No. of B. C. Rate. Last Paid. Date of Card. 1. 2. 3. 4. 5. Increase or Decrease of Insurance—Secs. 42-45. Item 6. NAME. Amount. Rate. Date. 1. 2. 3. 4. 5.

Enter Date Neighbor Paid Arrearages. Neighbors Reinstated. Suspended Less Than Sixty (60) Days—Sec. 56. Item 1. NAME. Rate. No. of B. C. DATE REINSTITUTED 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. Neighbors Reinstated. Suspended More Than 60 Days, but Less Than Six Months—Sec. 57. Item 2. NAME. Old Rate. New Rate. Date Reinstatement. 1. 2. 3. 4. 5.

Candidates Rejected. Item 1. NAME. How Rejected. Date. 1. 2. 3. 4. Beneficial—Social Members. Report Only Those Applicants for Beneficial Membership who were Adopted as SOCIAL NEIGHBORS Pending Receipt of Beneficial Certificate—Sec. 30. NAME. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Beneficial Members Reinstated, for Whom Arrearages of Per Capita is Remitted with This Report. NAMES. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53. Item 1. NAME. Rate. No. of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Neighbors Whose Assessments and Dues Refused Under Provisions Chapter III. and Secs. 290-292. Item 3. NAME. Rate. No. of B. C. No. Assmt. Refused. 1. 2. 3.

RATE SUMMARY. Enter number of members (net) in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in Item 15, page 15. No. Mbrs. Rate. Amt. this Assessment. No. Mbrs. Rate. Amt. this Assessment. No. Mbrs. Rate. Amt. this Assessment. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Combined Membership and Financial Statement. Item 1. With best One Rate Each for—Members. Amount. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Combined Membership and Financial Statement. Item 1. With best One Rate Each for—Members. Amount. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

THIS PAGE FOR SOCIAL MEMBERSHIP ONLY. Applicants Adopted as Social Members Since Last Report Entitled to Social Certificate—Secs. 69-71. Item 1. NAME. Date. 1. 2. 3. 4. 5. 6. Admitted by Transfer Card (Social). Item 2. NAME. From Camp No. Date. 1. 2. 3. 4. Withdrawn by Card (Social). Item 3. NAME. Date. 1. 2. 3. 4. Deceased (Social). Item 4. NAME. Date. 1. 2. 3. 4. Expelled (Social). Item 5. NAME. Date. 1. 2. 3. 4. Social Members Reinstated. Per Capita Arrears Herewith. Item 6. NAME. Amt. Paid. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

REPORT SOCIAL MEMBERSHIP ON PAGE 5. PASS REPORT. Assessment No. 225. Levied for May. Due Head Office on or before June 15 1907. Camp No. 8750. Boone Grove State of Ind. Please fill in Camp location and State. MEMBERS. AMOUNT. Net Membership this Report 46 37 25. Final Assessments this Report 46 37 25. Total Membership this Report 46 37 25. Arrears 1 Neighbors Reinstated 2 00. Benefit Short Last Report - - - - - 39 25. Total Benefit Due - - - - - 39 25. DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (SEC. 286.) Camp Clerks will keep blank space below for Head Office. MEMORANDA FOR HEAD CLERK. D't, M. O., Etc. \$ Cr. slip, \$.

Adoptions in May. Liable No. 225. Give Date Certificate Delivered to Member. NORTH CAROLINA: Sec. 26. Every Beneficial member shall be liable for assessment current at date of delivery of his Certificate. If a new Camp, enter names of members adopted on night of organization, all being liable. - Sec. 27. NAME. No. of B. C. Rate. Date Cert. 1. Church Hiram 1391768 50 54/2

Enter Date Neighbor Paid Arreages. Neighbors Reinstated. Suspended Less Than Sixty (60) Days - Sec. 56. Item 1. NAME. Rate. No. of B. C. 1. Hickey N. L. 224 100 8388 88 54/2. 2. 223 for Hickey 100 800. Candidates Rejected. Beneficial - Social Members. Report Only Those Applicants for Beneficial Membership who were Adopted as SOCIAL NEIGHBORS Pending Receipt of Beneficial Certificate - Sec. 50. NAME. Date. 1. 2. 3. 4. 5. Beneficial Members Reinstated, for Whom Arreages of Per Capita is Remitted with This Report. NAMES. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53. LAST KNOWN P. O. ADDRESS. (PLEASE SUPPLY.) STREET AND NUMBER. (IF FREE DELIVERY.) Item 1. NAME. (WRITE PLAINLY.) Rate. No. of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Neighbors Whose Assessments and Dues Refused Under Provisions Chapter III. and Secs. 290-292. Item 1. NAME. Rate. No. of B. C. No. Arre. Refused. 1. 2. 3.

the Non-Payment of Assessment No. Sec. 53. LAST KNOWN P. O. ADDRESS. (PLEASE SUPPLY.) STREET AND NUMBER. (IF FREE DELIVERY.) Item 1. NAME. Rate. No. of B. C. No. Arre. Refused. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. Neighbors Whose Assessments and Dues Refused Under Provisions Chapter III. and Secs. 290-292. Item 1. NAME. Rate. No. of B. C. No. Arre. Refused. 1. 2. 3.

THIS PAGE FOR SOCIAL MEMBERSHIP ONLY. Reports Adopted as Social Members Since Last Report Entitled to Social Certificate - Secs. 69-71. Item 1. NAME. Date. 1. 2. 3. 4. 5. 6. Admitted by Transfer Card (Social). Item 2. NAME. Date. 1. 2. 3. 4. Withdrawn by Card (Social). Item 3. NAME. Date. 1. 2. 3. 4. Deceased (Social). Item 4. NAME. Date. 1. 2. 3. 4. Expelled (Social). Item 5. NAME. Date. 1. 2. 3. 4. Social Members Reinstated. Per Capita Arrears Herewith. Item 6. NAME. Amt. Paid. Date. 1. 2. 3. 4. 5. 6. 7.

Admitted by Card from Other Camps - Sec. 81. Give Number of Former Camp. Item 1. NAME. From Camp No. Rate. First Liability. Date Admitted. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Transferred from Social to Beneficial Membership - Secs. 77-78. Item 1. NAME. Rate. No. of B. C. Date of B. C. 1. 2. 3. 4. 5. 6. 7. 8. 9. Withdrawn by Card - 81-83-84. State Number of Last Assessment Paid Your Camp. Item 1. NAME. No. of B. C. Rate. Last Paid. Date of Card. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Deceased - Secs. 60-65. Item 1. NAME. Rate. Last Paid. Date of Death. 1. 2. 3. 4. 5. Transferred from Beneficial to Social Membership - Sec. 72. Item 1. NAME. No. of B. C. Rate. Last Paid. Date of Death. 1. 2. 3. 4. 5. Neighbors Expelled by Camp Trial - Chapter XLVII. Item 1. NAME. No. of B. C. Rate. Last Paid. Date Exp. 1. 2. 3. 4. 5. Increase or Decrease in Rate - Account Hazardous Occupation - Secs. 16-18-19-20. Item 1. NAME. No. of B. C. Old Rate. New Rate. Date of Change. 1. 2. 3. 4. 5. Increase or Decrease of Insurance - Secs. 42-45. Item 1. NAME. AMOUNT. Rate. Date. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Candidates Rejected. NAME. How Rejected. Date. 1. 2. 3. 4. Beneficial - Social Members. Report Only Those Applicants for Beneficial Membership who were Adopted as SOCIAL NEIGHBORS Pending Receipt of Beneficial Certificate - Sec. 50. NAME. Date. 1. 2. 3. 4. 5. Beneficial Members Reinstated, for Whom Arreages of Per Capita is Remitted with This Report. NAMES. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

RATE SUMMARY. Enter number of members (net) in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with Net Membership in good standing shown in Item 1, page 3. No. Mbrs. Rate. Amt. this Assessment. No. Mbrs. Rate. Amt. this Assessment. No. Mbrs. Rate. Amt. this Assessment. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 46 37 25

Combined Membership and Financial Statement. Item 1. With but One Rate Each for - Members. Amount. 1. Net membership remitted for last report (Item 10) Assessment No. 224 44 35 35. 2. If for new Camp, Neighbors first liable (names page 2) 1 80. 3. Neighbors reinstated, suspended less than sixty days (names Item 1, page 3) 1 100. 4. Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3) 2 200. 5. Admitted by card (names Item 1, page 4) 46 37 25. 6. Transferred from Social to Beneficial membership (names Item 2, page 4) 46 37 25. 7. Inc. cert. (Item 5, page 5) 46 37 25. 8. Acct. change occupation (Item 4, page 5) 46 37 25. 9. Total 46 37 25. DEDUCTIONS. Item 1. NAME. Amount. 1. Net membership remitted for last report (Item 10) 44 35 35. 2. First assessment deceased Neighbors (Item 10) 1 80. 3. First assessment transferred to Social (Item 11) 1 100. 4. First assessment withdrawn by card (Item 9) 2 200. 5. Dec. of Certificate - Change of Occupation 46 37 25. 6. Error of rate 46 37 25. 7. Total deduction 46 37 25. 8. Net membership in good standing 46 37 25. 9. First assessment deceased Neighbors (Item 10) 1 80. 10. First assessment transferred to Social (Item 11) 1 100. 11. First assessment withdrawn by card (Item 9) 2 200. 12. Total membership remitted for this report as in good standing 46 37 25. 13. Benefit short last report, or arreages other than reinstatement 2 200. 14. Total Benefit due 46 37 25. 15. Per Capita Arrears. Neighbors reinstated 2 200. 16. Per Capita short on previous report 2 200. 17. Total remittance herewith 46 37 25.

Mail to reach the Head Clerk on or before June 11 1907. Neighbor C. W. HAWES, Head Clerk, M. W. of A.: Boone Grove STATE OF Ind. We hereby certify that the foregoing is a correct report of the membership in Boone Grove, as shown by the books of the Camp, and rendered in accordance with the By-Laws of the Society. Camp No. 8750, in full for Assessment No. 225, and all arreages. Enclosed please find \$ 39 25 in full for Assessment No. 225, and all arreages. Please place same to proper credit and confirm receipt. Attest: SEAL. Clerk's postoffice address, No. Street, City of State of.

Neighbors Adopted Since Last Semi-Annual Report.

NAME	Date
1. <u>G. L. Tucker</u>	<u>6-1-16</u>
2. <u>Geo. C. Kinsley</u>	<u>6-1-16</u>
3. <u>John H. DeBerna</u>	<u>6-1-16</u>
4. <u>Geo. Linn</u>	<u>6-1-16</u>
5. <u>J. E. Shallock</u>	<u>6-1-16</u>
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
36.	
37.	
38.	
39.	
40.	
41.	
42.	
43.	
44.	
45.	
46.	
47.	
48.	
49.	
50.	
51.	
52.	
53.	
54.	
55.	
56.	
57.	
58.	
59.	
60.	
61.	
62.	
63.	
64.	
65.	
66.	
67.	
68.	
69.	
70.	
71.	
72.	
73.	
74.	
75.	
76.	

Neighbors Reinstated Since Last Report.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	

Neighbors Reinstated - Continued.

NAME	Date
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	

Admitted by Card.

NAME	From Camp No.	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Transferred from Social to Beneficial Membership.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

MEMBERSHIP DECREASE
Granted Card Since Last Report.

NAME	No of Camp Joined	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		

Died Since Last Report.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Surrendered Benefit Certificate for Social Membership.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	

Expelled by Camp Since Last Report
In Good Standing at That Time.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	

Certificates Annulled by Executive Council.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Neighbors in Suspension for Non-Payment of Assessments
or Dues, for Whom Per Capita is Not
Remitted with this Report.

NAME
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31.
32.
33.
34.
35.
36.
37.
38.
39.
40.
41.
42.
43.
44.

SOCIAL MEMBERS
For Whom Per Capita is Remitted.

*NAME	AMOUNT	ADOPTED
1. <u>Geo. L. Tucker</u>	<u>\$ 5.00</u>	<u>4-1-16</u>
2. <u>Henry Kinsley</u>	<u>6.00</u>	<u>6-1-16</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		

*If any of your Social Members have not received Certificates, forward application properly filled out, with registration fee, \$1.00, when Certificate will issue.

SOCIAL MEMBERS
Suspended for Non-payment of Dues.

NAME
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.

* Applicants for Beneficiary Membership Rejected
Term, 190....

NAME	DATE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

*The Head Clerk is required to keep a record of rejections; therefore, please report as requested.

*BENEFICIARY MEMBERSHIP STATEMENT.

1. Beneficial Members in good standing for whom Per Capita was remitted last Semi-Annual Report	<u>22</u>
Or Charter Members in good standing if Camp was organized during the term	
2. Adopted during the term	<u>18</u>
3. Reinstated { Beneficial Members in suspension, preceding Semi-Annual Report	
4. Admitted by Card	
5. Transferred from Social to Beneficial	
Total	<u>40</u>
FROM WHICH DEDUCT:	
6. Withdrawn by Card	<u>1</u>
7. Died	
8. Transferred from Beneficial to Social Membership	
9. Expelled	
10. Membership annulled by Executive Council	
11. Beneficial Members in Suspension, not remitted for	
Total Deductions	<u>1</u>
12. Number Beneficiary Neighbors in good standing, and herewith remitted for	<u>39</u>
13. Per Capita for <u>39</u> Beneficial Members	<u>19.50</u>
14. Per Capita for <u>2</u> Social Members	<u>1.00</u>
Total Per Capita remittance herewith	<u>20.50</u>

*Do not include Social Members in the foregoing statement, except in the aggregate, item 14.

CAMP OFFICERS.

No.	St.
Consul.	
No.	St.
Clerk.	
No.	St.
Banker.	
Physicians.	
Managers.	

INSTRUCTIONS TO CLERKS.

The per capita for the year is \$1.00. It is required to be paid strictly in advance, one-half in January and one-half in July, to be accompanied by the Semi-annual Report properly formulated.

Each and every Camp is liable for all Neighbors, Beneficial and Social, adopted on or before December 31st for first term per capita, and Camps instituted, or Neighbors adopted, January 1st to and including June 30th following are liable for second term per capita.

The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessments separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Past Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances, of whatever character, forwarded to the Head Office payable to the Society's Head Banker, at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society, to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES,
Head Clerk, M. W. of A.

CAMP CASH ACCOUNT.

BENEFIT FUND.		DR.
Balance on hand last report		<u>4.50</u>
Received from assessments during the term covered by this report		<u>116.90</u>
Total		<u>117.18</u>
DISBURSEMENTS		
Remitted Head Clerk during term.		
HEAD CLERK'S RECEIPT NO.	AMOUNT	
Assessment No. <u>213</u>	<u>6.22</u>	<u>63</u>
Assessment No. <u>214</u>	<u>8.45</u>	<u>73</u>
Assessment No. <u>215</u>	<u>12.33</u>	<u>30</u>
Assessment No. <u>216</u>	<u>15.25</u>	<u>40</u>
Assessment No.		
Assessment No.		
Assessment No.		
Arrearages		
Total Amount remitted		<u>112.56</u>
Balance		<u>4.62</u>
GENERAL FUND.		
DR.		
Balance in Fund last report		<u>1.80</u>
FROM WHAT SOURCE.		
Adoption fees		<u>1.00</u>
Dues (including Per Capita)		<u>4.50</u>
Physician's fees		<u>6.00</u>
Reinstatement under Sec. 57		
Certificate fees		<u>2.00</u>
Card fees		
Special assessment by Camp		<u>8.00</u>
From entertainments		
All other sources		
Receipts during term		<u>170.91</u>
Grand Total		<u>172.71</u>
EXPENDITURES.		
Compensation for services rendered		<u>9.00</u>
Per Capita		<u>20.50</u>
Rent		
Physician's fees		<u>5.00</u>
Fees remitted to Head Clerk		<u>2.00</u>
Adoption fees refunded rejected applicants or paid D. H. C.		<u>80.00</u>
Supplies and stationery		<u>20.88</u>
Donations		<u>5.00</u>
Expenses not above enumerated		<u>27.91</u>
Investment (if any)		
Total disbursements		<u>172.26</u>
Balance in Fund this date		<u>4.45</u>
Annual Camp General Fund Dues are		
Sick Benefit Dues are		
We certify the foregoing to be correct.		
State of		
The undersigned, Managers of		
Camp, No. <u>873.2</u> HEREBY CERTIFY that we have audited the books and accounts of the Clerk and Banker. That the foregoing correctly exhibits the receipts to and disbursements from the Benefit and General funds for the term ended		
S. E. Shurich		

Neighbors Adopted Since Last Semi-Annual Report.		Neighbors Reinstated - Continued.		Died Since Last Report.	
NAME.	Date.	NAME.	Date.	NAME.	Date.
1. Hildreth, G. L.	1/1/06				
2. Holland, L. H.	4/1/06				
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					
51.					
52.					
53.					
54.					
55.					
56.					
57.					
58.					
59.					
60.					
61.					
62.					
63.					
64.					
65.					
66.					
67.					
68.					
69.					
70.					
71.					
72.					
73.					
74.					
75.					
76.					
77.					
78.					
79.					
80.					
81.					
82.					
83.					
84.					
85.					
86.					
87.					
88.					
89.					
90.					
91.					
92.					
93.					
94.					
95.					
96.					
97.					
98.					
99.					
100.					

Neighbors Reinstated Since Last Report.	
NAME.	Date.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

SOCIAL MEMBERS For Whom Per Capita is Remitted.		
NAME.	AMOUNT.	ADOPTED.
1. Leeka, Theo. C.	\$ 50	8/1/06
2. Hildreth, G. L.	50	1/1/06
3. Holland, L. H.	50	4/1/06
4. Hildreth, G. L.	50	1/1/06
5. Hildreth, G. L.	50	1/1/06
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		

All any of your Social Members have not received Certificates, forward application properly filled out, with registration fee, \$1.00, when Certificate will issue.

SOCIAL MEMBERS Suspended for Non-payment of Dues.		
NAME.	DATE.	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		

* Applicants for Beneficiary Membership Rejected
Term, 1906.

NAME.	DATE.
1. Wells, M. L.	11/20/06
2. Swift, Ed.	11/20/06
3. Swift, Ed.	11/20/06
4. Swift, Ed.	11/20/06
5. Swift, Ed.	11/20/06
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	

*The Head Clerk is required to keep a record of rejections; therefore, please report as requested.

*BENEFICIARY MEMBERSHIP STATEMENT.	
1. Beneficial Members in good standing for whom Per Capita was remitted last Semi-Annual Report	2.9
Or Charter Members in good standing if Camp was organized during the term	
2. Adopted during the term	6
3. Reinstated Beneficial Members in suspension, preceding Semi-Annual Report	
4. Admitted by Card	
5. Transferred from Social to Beneficial	
Total,	4.5
FROM WHICH DEDUCT:	
6. Withdrawn by Card	
7. Died	
8. Transferred from Beneficial to Social Membership	
9. Expelled	
10. Membership annulled by Executive Council	
11. Beneficial Members in Suspension, not remitted for	
Total Deductions	
12. Number Beneficiary Neighbors in good standing, and herewith remitted for	4.5
13. Per Capita for 4.5 Beneficial Members	2.25
14. Per Capita for 4 Social Members	2.00
Total Per Capita remittance herewith	4.25
*Do not include Social Members in the foregoing statement, except in the aggregate, item 14.	
CAMP OFFICERS.	
No. 1. A. E. Dyer	Consul.
No. 2. E. R. Dyer	Clerk.
No. 3. R. B. Brown	Banker.
No. 4. J. B. Holland	Physicians.
No. 5. J. B. Holland	Managers.
INSTRUCTIONS TO CLERKS.	
The per capita for the year is \$1.00. It is required to be paid strictly in advance, one-half in January and one-half in July, to be accompanied by the Semi-annual Report properly formulated.	
Each and every Camp is liable for all Neighbors, Beneficial and Social, adopted on or before December 31st for first term per capita, and Camps instituted, or Neighbors adopted, January 1st to and including June 30th following are liable for second term per capita.	
The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessments separately, but both must be tendered. He cannot accept part payment.	
For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.	
Make all remittances, of whatever character, forwarded to the Head Office payable to the Society's Head Banker, at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.	
Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society, to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.	
G. W. HAWES. Head Clerk, M. W. of A.	

CAMP CASH ACCOUNT.	
BENEFIT FUND.	
Balance on hand last report	\$ 4.60
Received from assessments during the term covered by this report	1.75
Total	6.35
DISBURSEMENTS	
Remitted Head Clerk during term.	
Assessment No. 218	33.95
Assessment No. 218	33.90
Assessment No. 218	33.20
Assessment No. 218	36.38
Assessment No. 218	37.35
Assessment No.	
Assessment No.	
Arrears	
Total Amount remitted	17.6
Balance	7.05
GENERAL FUND.	
Balance in Fund last report	4.65
FROM WHAT SOURCE	
Adoption fees	33.00
Dues (including Per Capita)	110.25
Physician's fees	1.75
Reinstatement under Sec. 57	
Certificate fees	2.50
Card fees	
Special assessment by Camp	
From entertainments	
All other sources	1.15
Receipts during term	148.65
Grand Total	149.10
EXPENDITURES	
Compensation for services rend.	13.15
Per Capita	24.80
Rent	
Physician's fees	1.75
Fees remitted to Head Clerk	2.25
Adoption fees refunded rejected applicants or paid D. H. C.	
Supplies and stationery	
Donations Henry Shoddy	4.00
Expenses not above enumerated	15.96
Investment (if any)	
Total disbursements	61.61
Balance in Fund this date	87.49
Annual Camp General Fund Dues are	84.50
Sick Benefit Dues are	
We certify the foregoing to be correct.	
E. R. Dyer	
ATTEST OF MANAGERS.	
Boone Grove State of Indiana	
Jan 5th 1907	
The undersigned, Managers of Boone Grove Camp, No. 8750, HEREBY CERTIFY that we have audited the books and accounts of the Clerk and Banker. That the foregoing correctly exhibits the receipts to and disbursements from the Benefit and General funds for the term ended Dec. 31, 1906, and the membership and standing of the Camp.	
J. B. Holland	
E. R. Dyer	
Boone Grove	